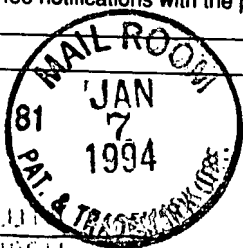


## PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

## 1. CORRESPONDENCE ADDRESS

ALBERT P. HALLUIN  
LIMBACH & LIMBACH  
1001 PERRY BUILDING  
SAN FRANCISCO, CA 94111



## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

PAPER FEE ENTERED

☐ Check if additional charges are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

First Named Applicant

TITLE OF INVENTION  
PLANT VIRAL VECTORS HAVING HETEROLOGOUS SUBGENOMIC PROMOTERS FOR SYSTEMIC EXPRESSION OF FOREIGN GENES (AS AMENDED)

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1 07923692 USA 435-172,300 120 UTILITY YES \$585.00 03/12/94

## 3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Albert P. Halluin

2 LIMBACH &amp; LIMBACH

3

DO NOT USE THIS SPACE

090 SB 01/11/94 07923692  
07923692

1 242 585.00 OK  
1 561 30.00 OK

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE

Biosource Genetics Corp.

(2) ADDRESS: (CITY &amp; STATE OR COUNTY)

Vacaville, CA

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

California

A. ☐ This application is NOT assigned.

X Assignment is being previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advanced Order - # of Copies 10

6b. The following fees should be changed to:

(Minimum of 10)

DEPOSIT ACCOUNT NUMBER (ENCLOSED PART C)

☐ Issue Fee ☐ Advanced Order - # of Copies

☐ Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

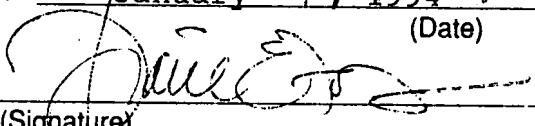
TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Commissioner of Patents and Trademarks  
Washington, D.C. 20231

on January 4, 1994  
(Date)

  
(Signature)

Diane E. Fox  
(Typed or Printed Name)

1-4-94  
(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

This form is estimated to take 20 minutes to Complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

ART C—CHARGE TO DEPOSIT ACCOUNT



1. CORRESPONDENCE ADDRESS

ALBERT P. HOLLIN  
LITHOGRAPH LITHOGRAPH  
2001 PERRY BUILDING  
SAN FRANCISCO, CA 94111

1804 1209

clearance due 3.9.94 (H)

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
11/92 3.692	07/01/92	1039	BUDDY, P	1804 1209
First Named Applicant: GENESEAL				

TITLE OF INVENTION: SYSTEMS AND METHODS FOR PROVIDING SURGEON-CONTROLLED FREQUENCY FOR SYSTEMIC EXPRESSION OF TISSUE-SPECIFIC GENE EXPRESSION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 8106-20121	USH 450-172.300	120	UTILITY	YES	585.00	2007/07/01

DO NOT USE THIS SPACE

090 SB 01/11/94 07923692  
090 SB 01/11/94 07923692

1 242 585.00 CK  
1 561 30.00 CK

2a. The following fees are enclosed:  
☒ Issue Fee ☒ Advanced Order - # of Copies 10  
 (Minimum of 10)

2b. The following fees should be changed to:  
 DEPOSIT ACCOUNT NUMBER \_\_\_\_\_  
☐ Issue Fee ☐ Advanced Order - # of Copies \_\_\_\_\_  
☐ Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record) Albert P. Hollin (Date) 1/4/94

NOTE: The Issue Fee will not be accepted from anyone other than applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT